

Building Strong & Ready Families Community Health Nursing Collabora



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“I think there is a world market for maybe five compu

Thomas Watson, Chairman, IBM, 1943

“Computers in the future may weigh no more than 1.5

Popular Mechanics, 1949

***“There is no reason why anyone would want a compu
in their home.”***

Ken Olson, Founder, Digital Equip. Corp, 1977

“640k ought to be enough for anybody.”

Bill Gates, President Microsoft Corp, 1981

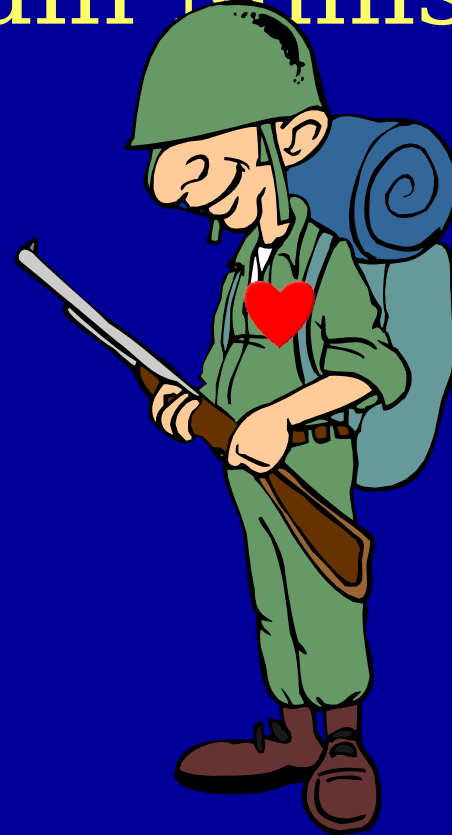
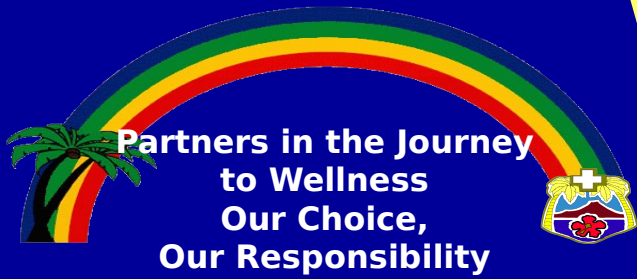


Evolving Visions in Health

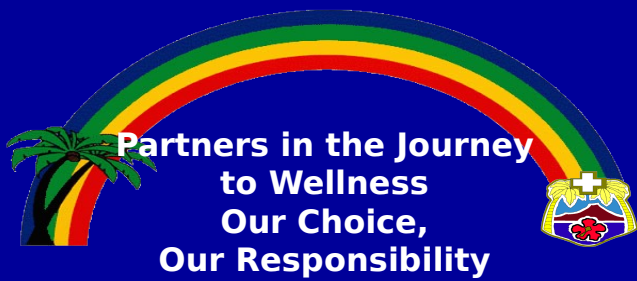
2025 Predictions

- Military Healthcare Services System will focus on designing out disease
- Key effort will be building healthy communities
- Health of the community is an essential part of readiness

Why Health Promotion and Chaplain Ministry?



Same goal: *to promote a healthy life*

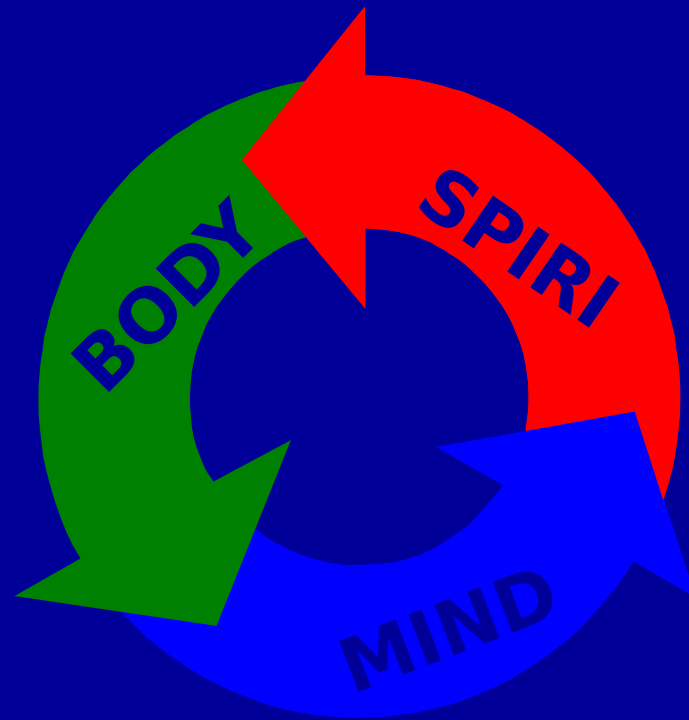


So....What is Health Promotion?

- Partnership building with soldier and family
- Inform and educate about health risk factors
- Enable the soldier and family to make health choices



Health is a balanced state of
well-being involving
harmonious interaction of





Causes of Illness

**GENETIC
S 20%**

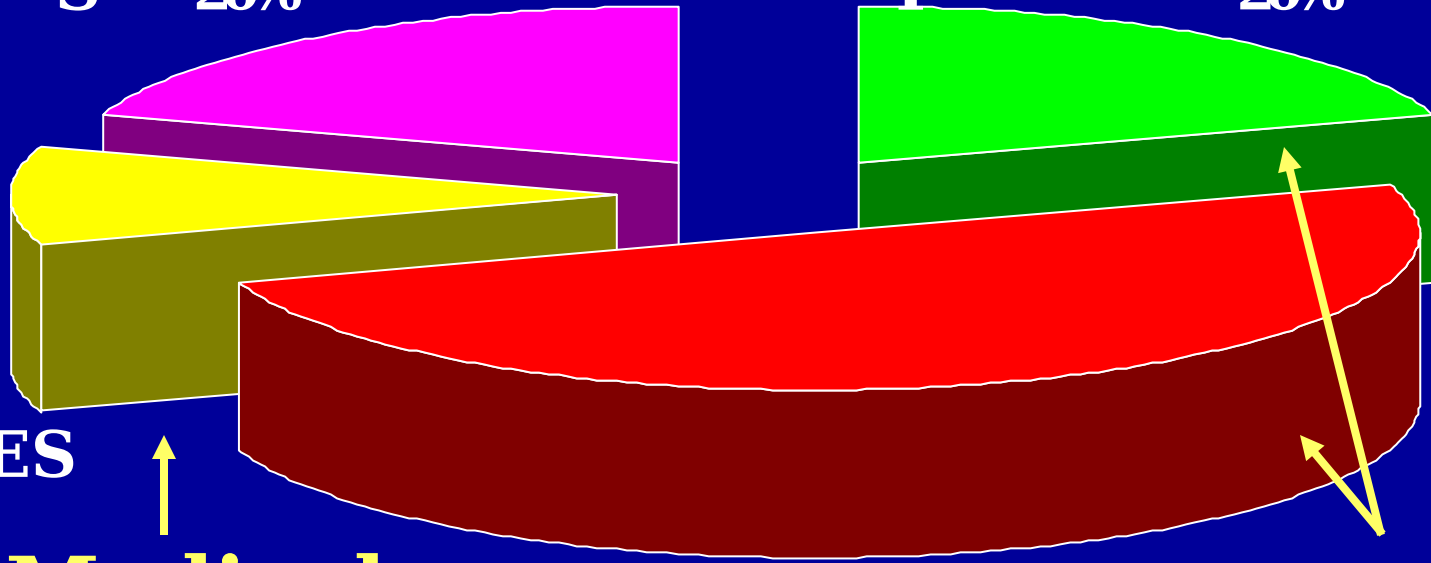
**ENVIRONMEN
T 20%**

**10%
ACCES
S**

**Medical
Influence 10%**

**BEHAVIOR
AL**

**50% Community
and
medical
influence**



Community Health Efforts

Holistic Focus

Yelling at spouse/friend

Kicking the
coke
machine

Medical Efforts
Illness Focus

Heavy Alcohol Use



Suicide

Physical Violence

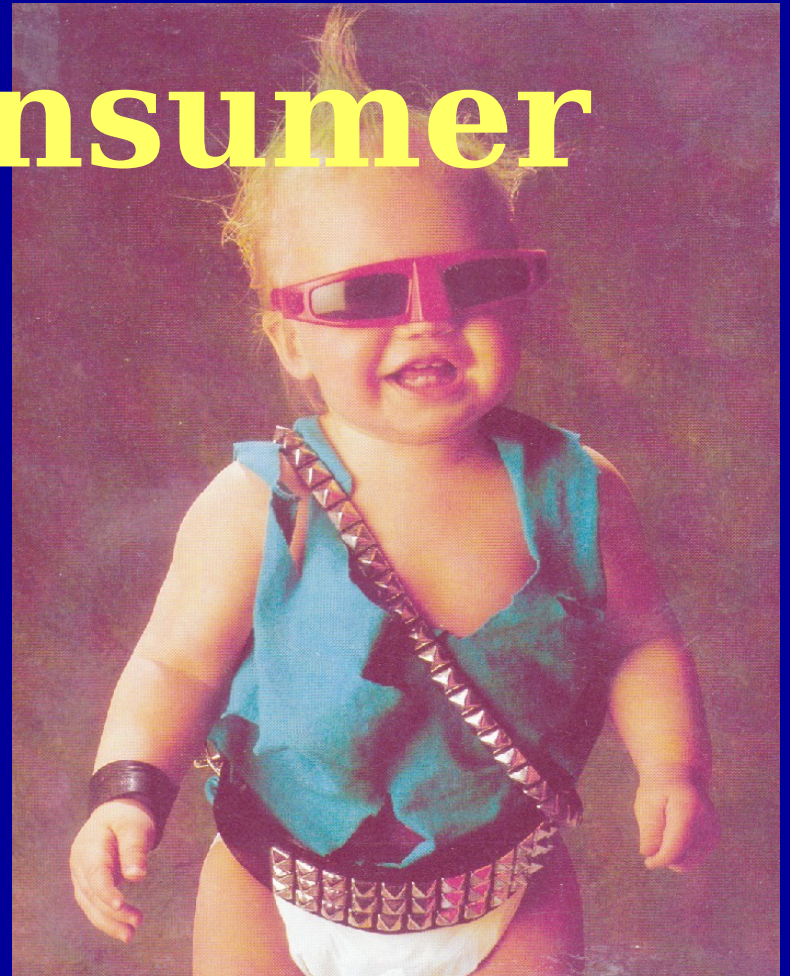


The New Healthcare Consumer

- Assumes Responsibility for Health

- Active Partner with PCM & Community

- Skills and Knowledge to affect Health

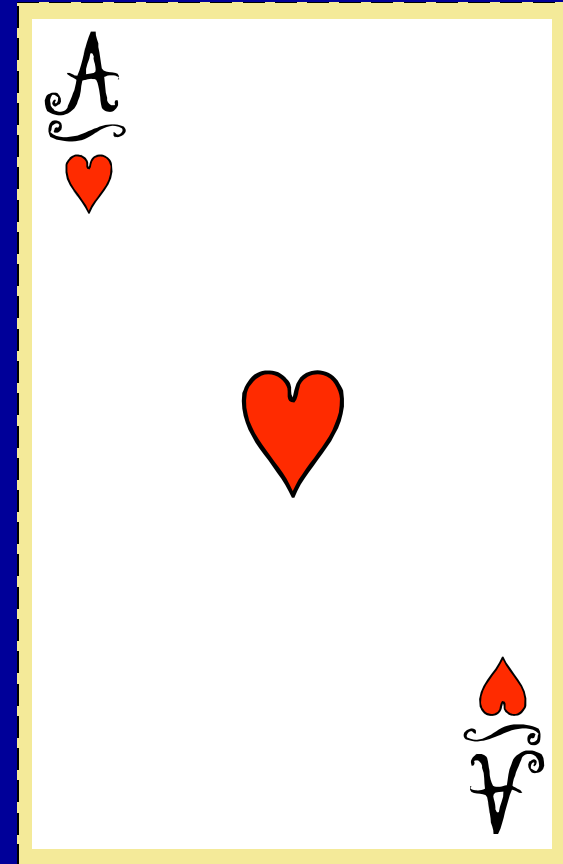




The ACE Study (1998)

A study was done that looked at how bad experiences and poor behaviors in early life lead to ill health in later life.

Your behaviors today **WILL** affect your health tomorrow.



“Building Strong & Ready Families” Program





Level 1: Wellness Awareness

Goal: To have soldiers and spouses aware of the impact of present behaviors on their health and well-being in the future.



Level 1 Wellness Awareness Objectives

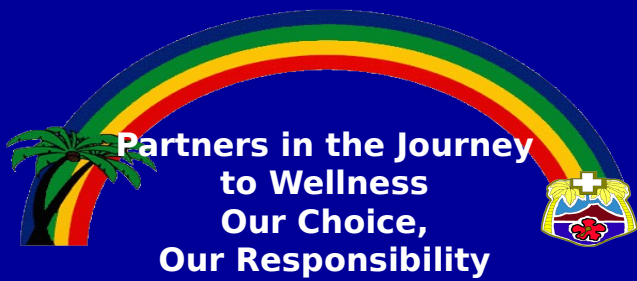
At the end of the training the participant will be able to

1. Identify the mind, body and spiritual connection to health.
2. Describe the interrelated roles of the chaplain ministry and community health nursing in the Building Strong and Ready Families program.
3. Define health promotion.
4. Articulate how risk behaviors might affect their health and well-being.
5. Create a family genogram and recognize their family risk behavior patterns.



What is Done at Level 1?

- Why Health Promotion & Chaplain Ministry?
- Holistic Definition of Health
- Introduction to Wellness
- Discussion of HOW Risk behaviors today will affect **HEATH & WELL-BEING**
- Family Focused Risk Assessment (Genogram)
- Stage of Readiness for Risk Behavior Change
- Program Evaluation

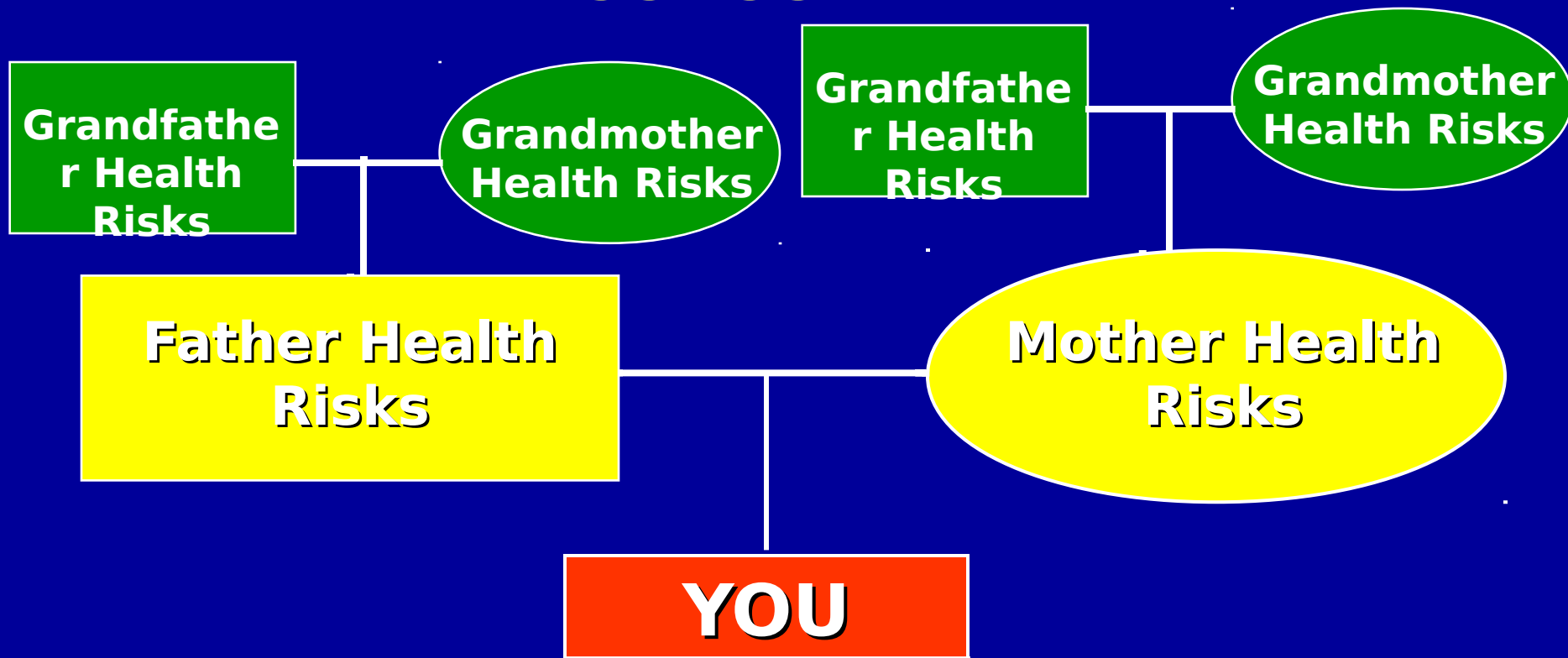


Family Genogram

- Will help you visualize how your past might affect your behaviors today.
- Look back to your parents and grandparents and see what behavior patterns, if any, exist in your family.



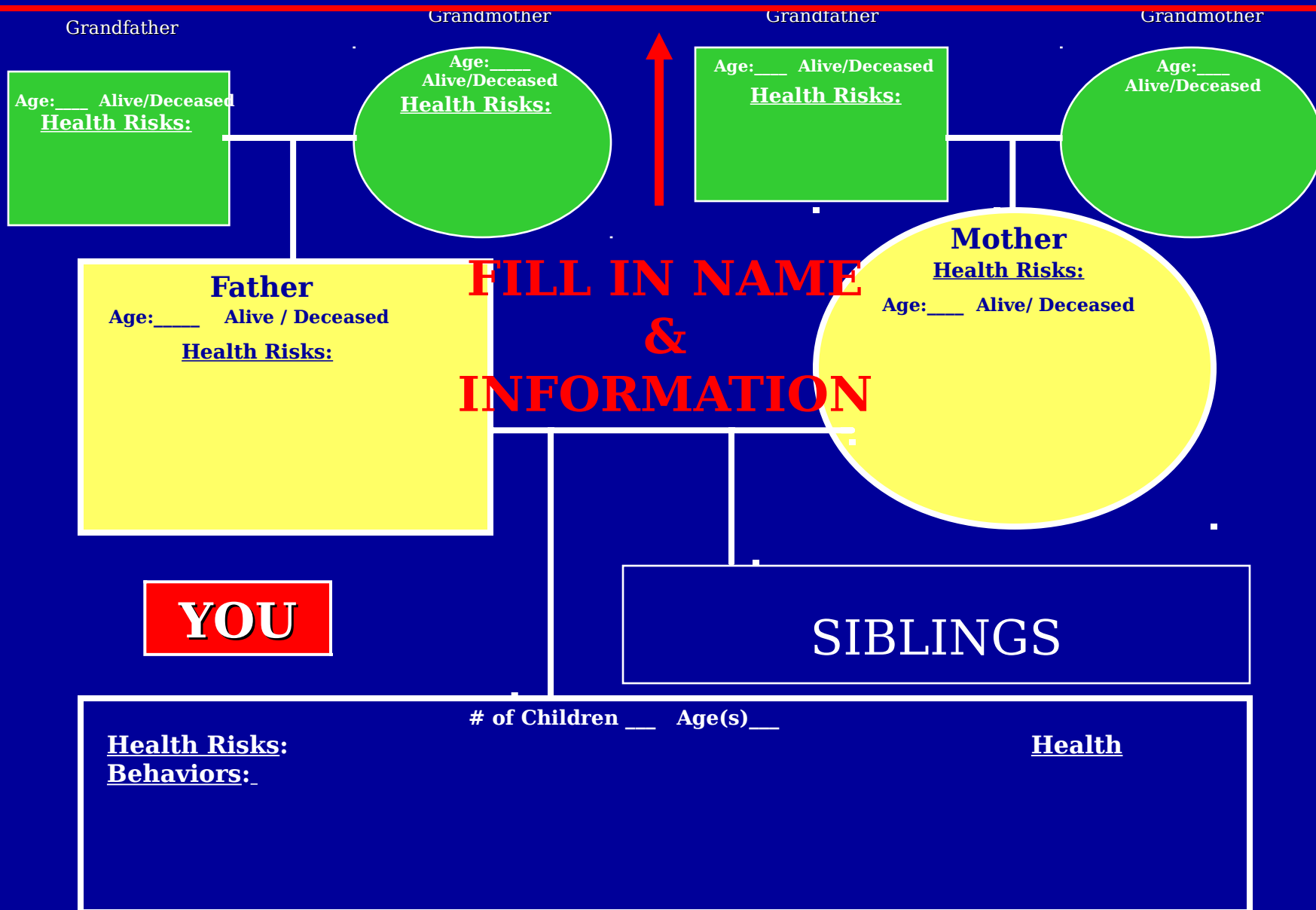
FAMILY FOCUSED HEALTH RISK ASSESSMENT



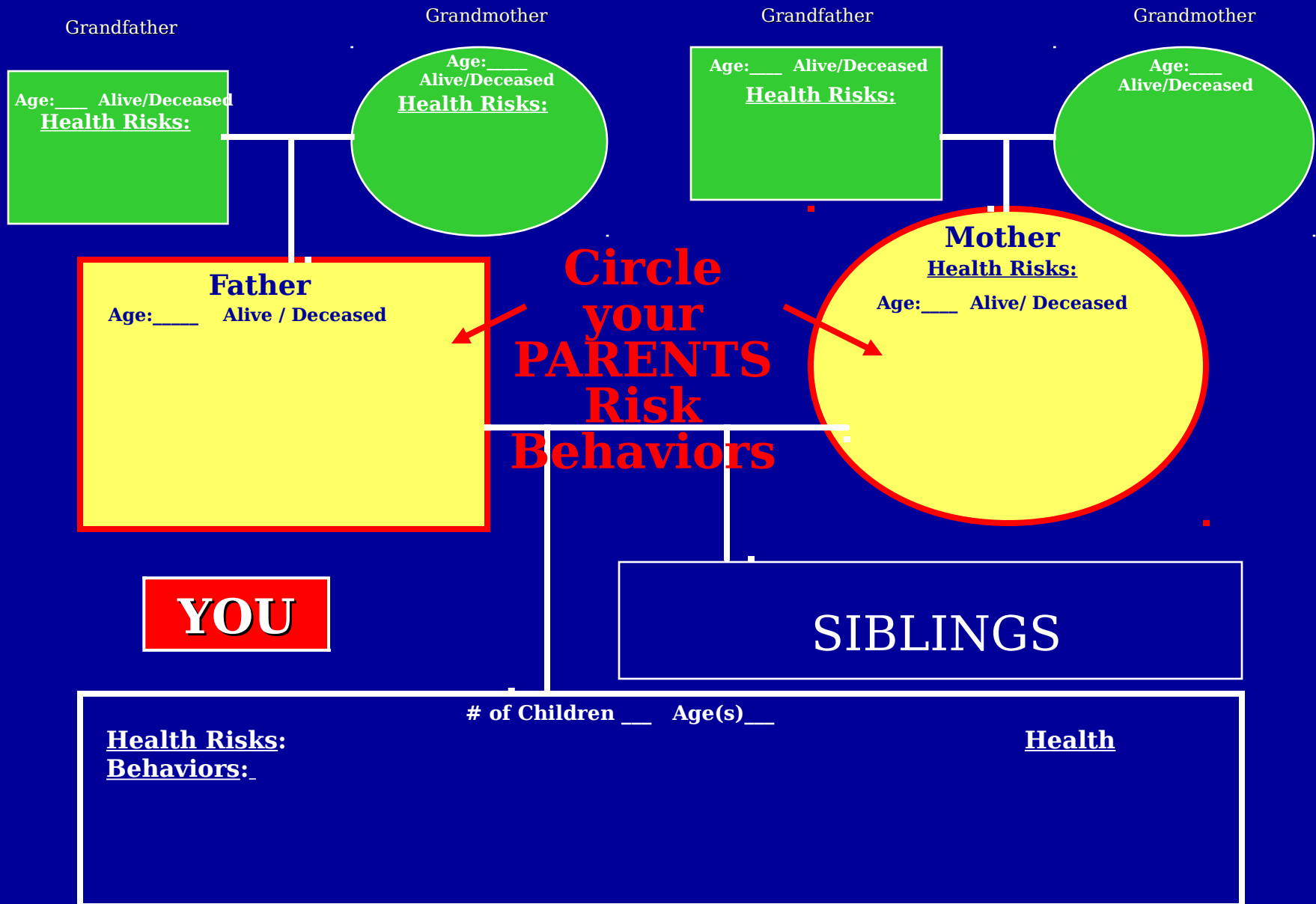
Health Risks & Health Behaviors

TOBACCO, ALCOHOL ,DRUGS, NUTRITION, STRESS, SAFETY, FAMILY VIOLENCE, REPRODUCTIVE HEALTH, COMMUNICATION STYLE, SPIRITUALITY, FITNESS

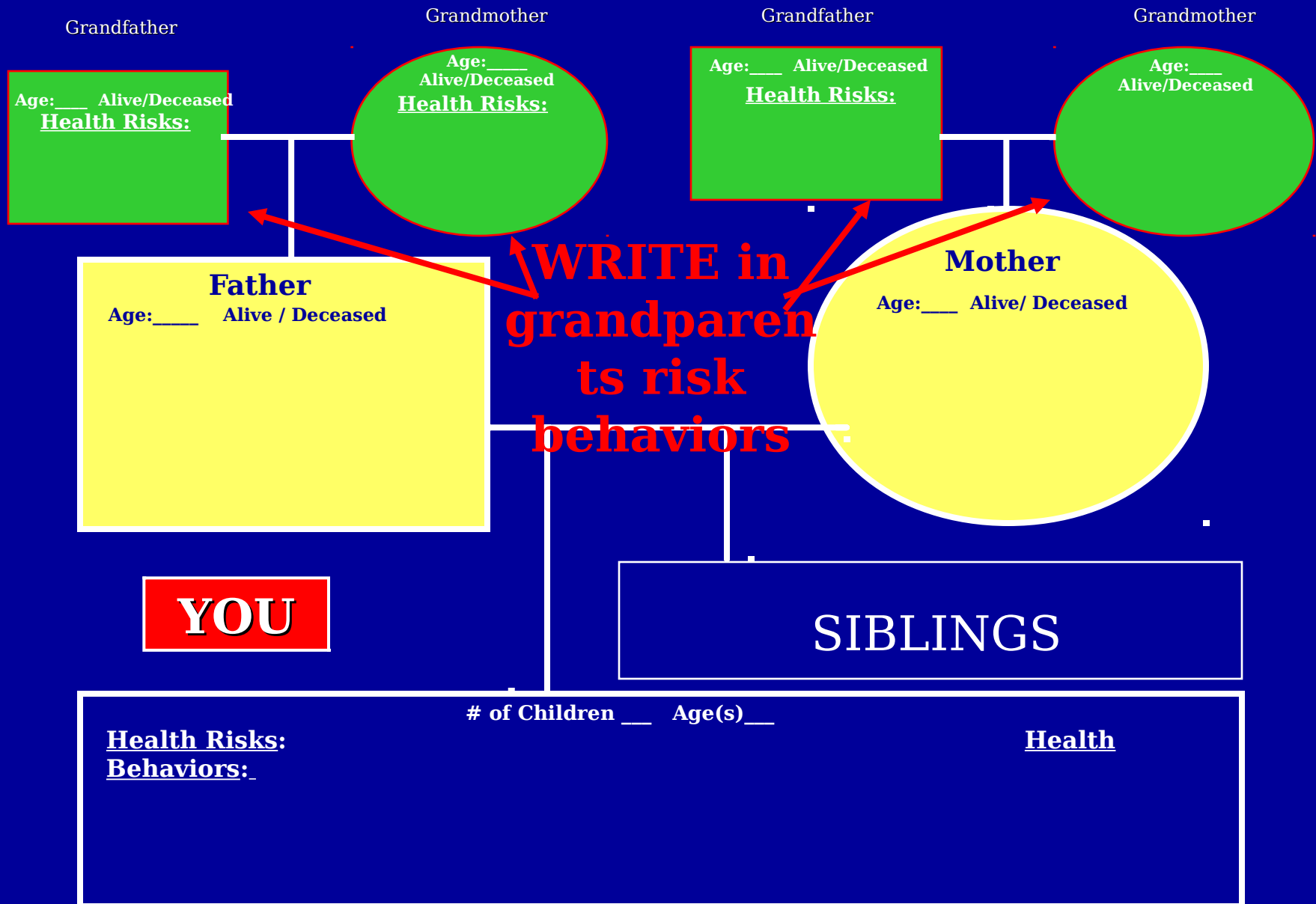
Name _____ Date ____ Sex: ____ Age: ____ Marital Status ____ Active Duty? Y ____ N ____



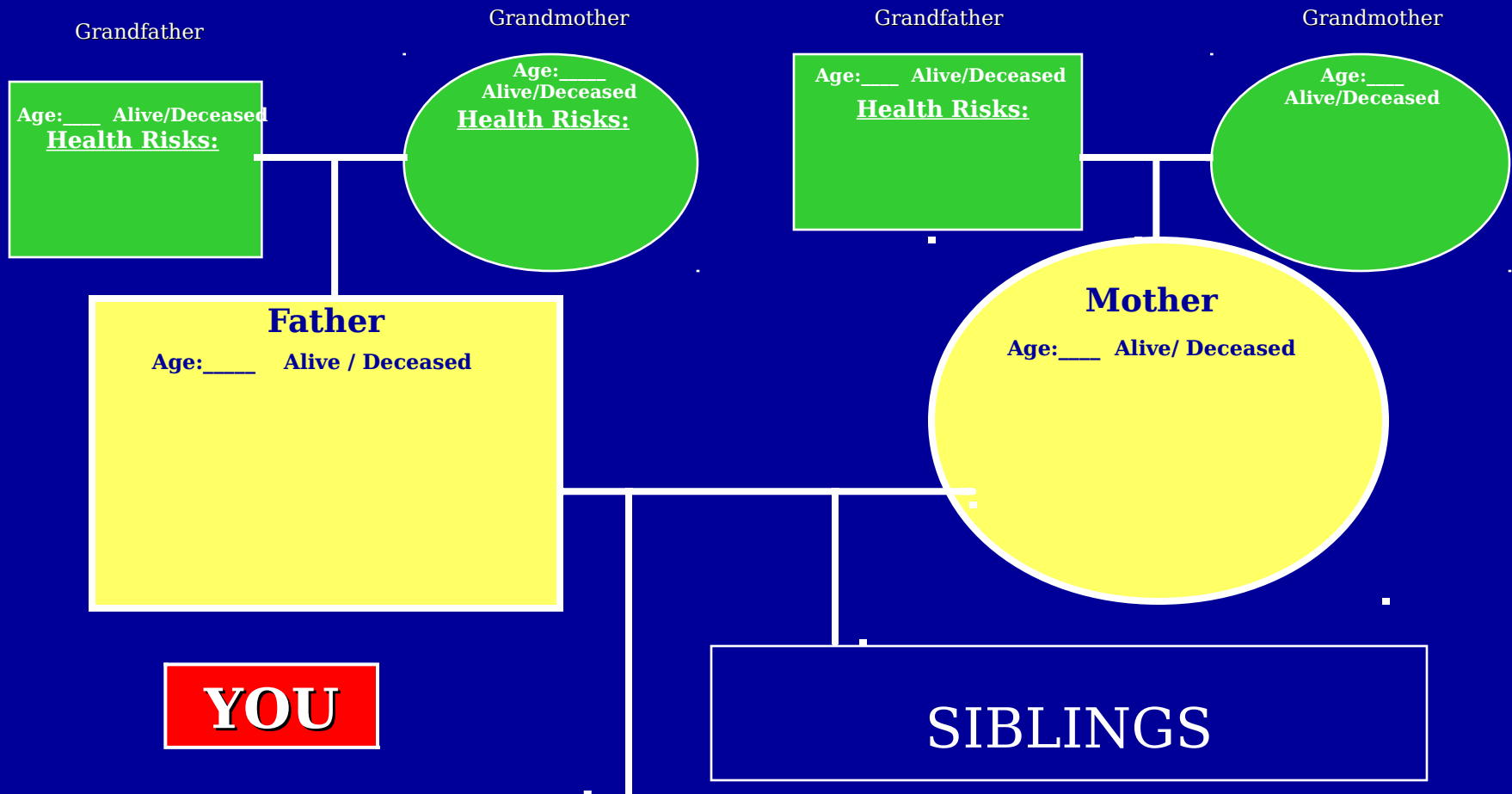
Name _____ Date _____ Sex: _____ Age: _____ Marital Status _____ Active Duty? Y _____ N _____



Name _____ Date _____ Sex: _____ Age: _____ Marital Status _____ Active Duty? Y _____ N _____



Name _____ Date _____ Sex: _____ Age: _____ Marital Status _____ Active Duty? Y _____ N _____

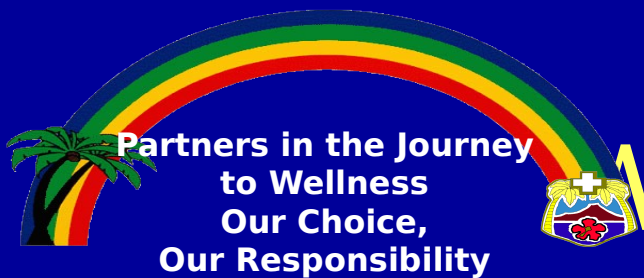


of Children _____ Age(s) _____

Health Risks: _____ Health _____

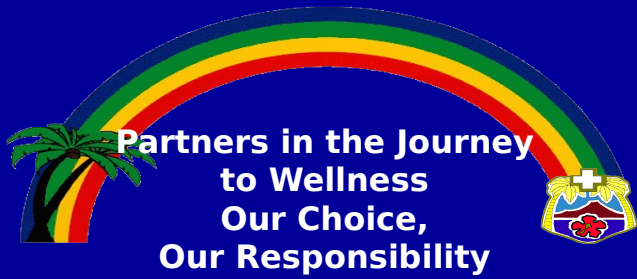
Behaviors: _____

Complete Section on YOUR behaviors

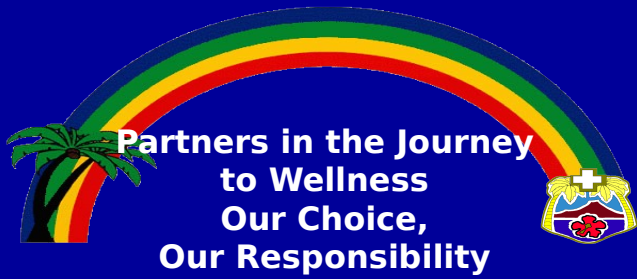


What are your risks?

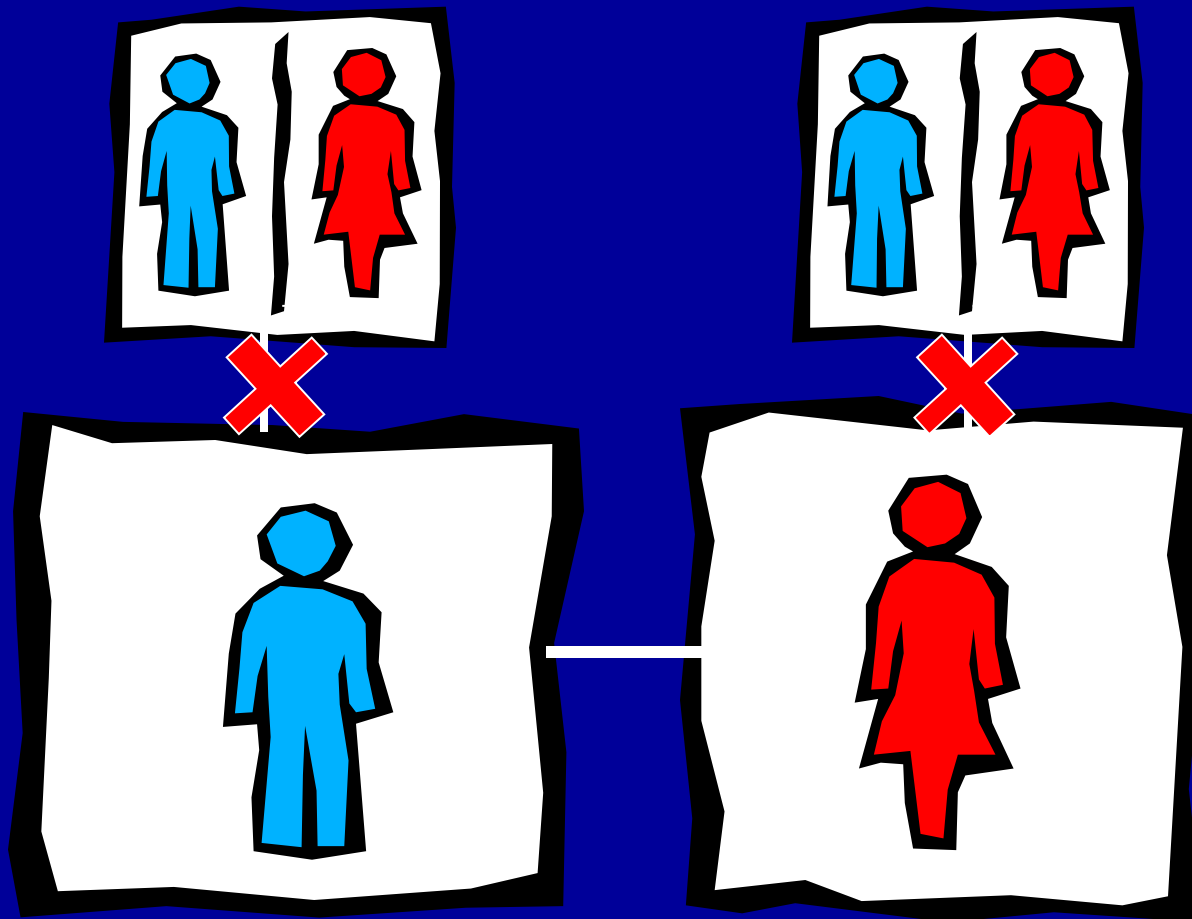
- Tobacco Use
- Alcohol Use
- Drug Use
- Nutrition
- Stress
- Reproductive Health
- Safety
- Family Violence
- Communication Style
- Spirituality
- Fitness
- Quality of Life

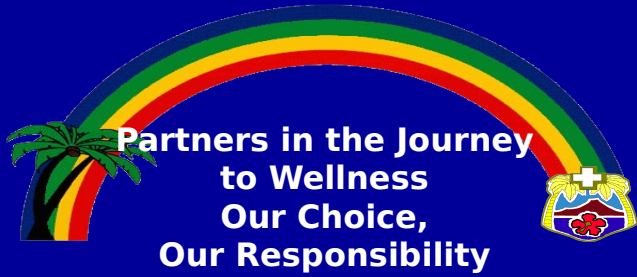


Do you see any behavior patterns?



You CAN break the Cycle!

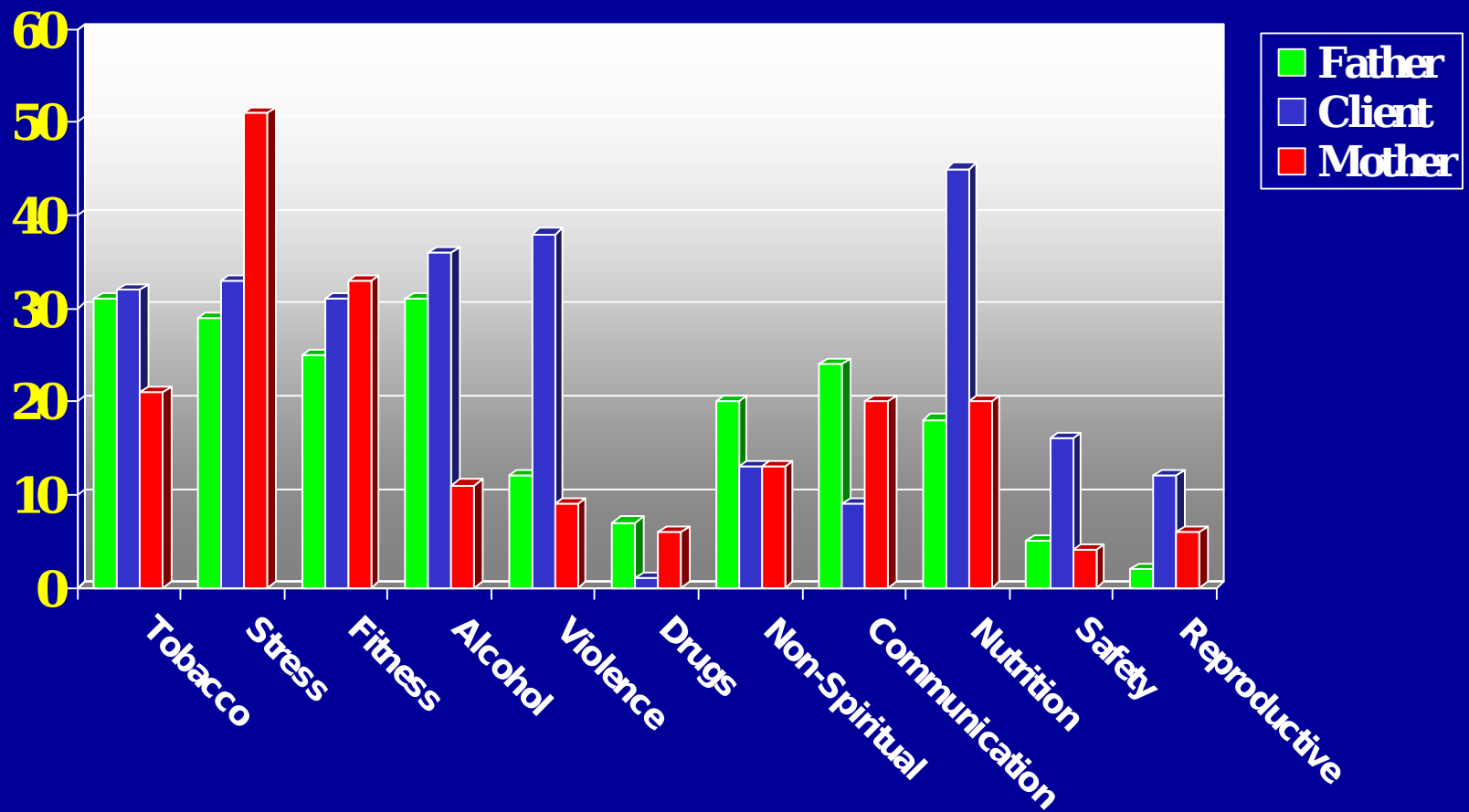




What are you willing to
Change?



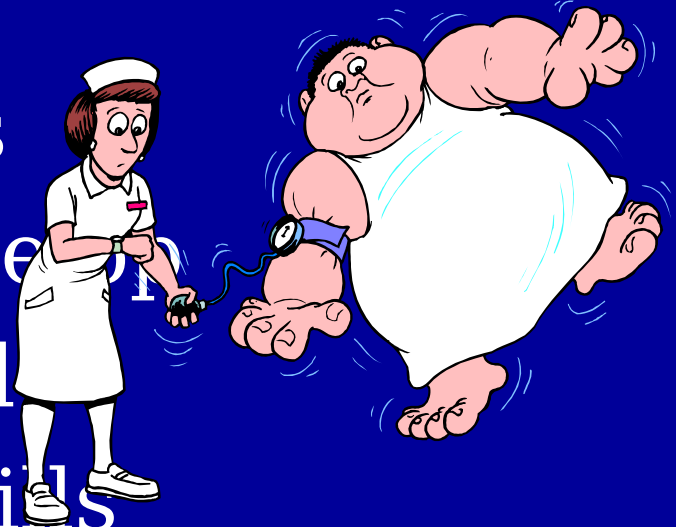
Family Focused Health Risks Soldiers and Spouses (n=137)





Level 2: Wellness Skill-Building

Goal: To have soldiers and their spouses develop health promotion and disease prevention skills that will ultimately promote wellness and to begin to move forward through stages of readiness to change for health risk behaviors.





Level 2 Wellness Skill-Building Objectives

At the end of this training the participant will be able to

1. Perform wellness self-care skills like self-breast examination, self-testicular exam, and healthy food choices.
2. Know what health and wellness resources are available and how to access them.
3. Identify a primary health risk behavior they are willing to change.
4. Develop a plan, based on readiness of change, to decrease health risk behaviors.



What is Done at Level 2?

- HEAR 2.1 Survey
- EDU-tainment! Skills Stations on nutrition, self-examination, stress management, common illness management, weight control, fitness.
- Blood pressure, height, weight, BMI, Body fat analysis
- Wellness Interview with Community Health Nurse
- Tailored Education and Targeted referrals, as needed
- Program Evaluation

Level 2

Practicing Accessing Health Information



Interview with Nurse





Partners in the
Journey to Wellness
Our Choice,
Our Responsibility

Wellness Stations!





Level 3: Focus Groups

Sample Questions

- When reflecting on the program, what comes to your mind?
- If you were to change the program, what would you improve or change?
- Would you recommend this program to a friend? Why or why not?
- Has the program altered your view of how the Army cares for your family?



Level 3: Focus Groups

Sample Questions

- What commitment will you take home?
- How well is the Health Promotion program interfacing for you?
- How does the BSRF program help soldiers and family be more “ready”?
- If you had all the money to spend for a 2-day program like this, what would be the important items to include? Why?



Family- Community Focus Group

- Building Healthy & Strong Families program is highly valuable
- Family Support Group and sponsorship program are not adequately addressing the needs of the family
- Information gaps are serious regarding access to resources, support services, spiritual support, employment opportunities, community connections
- Isolation upon arrival is severely felt
- Child care and transportation problems

Capture Audience that May Not Access System



Identify Risks



Referrals, Education, Case-Management



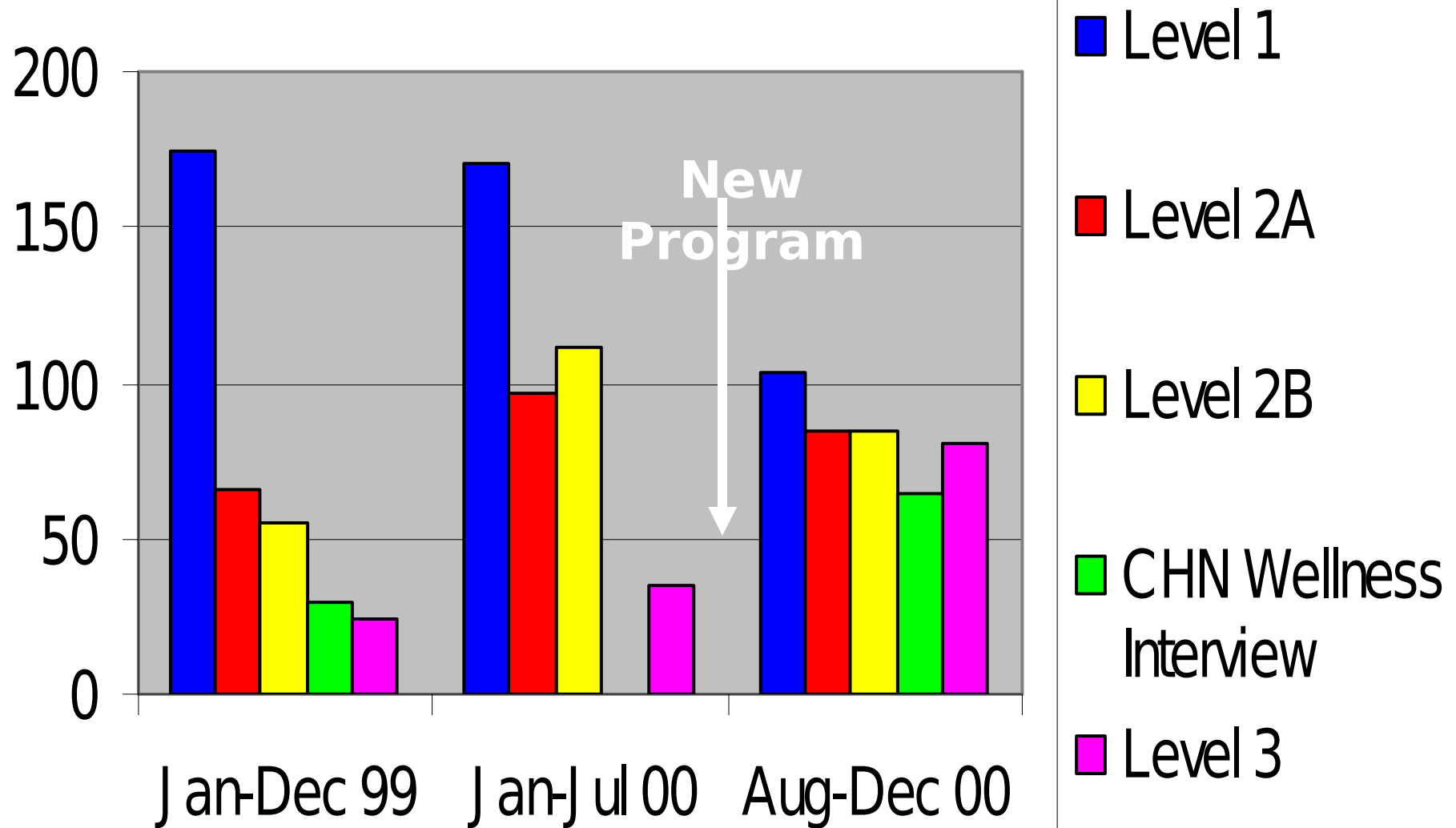
PREVENTION

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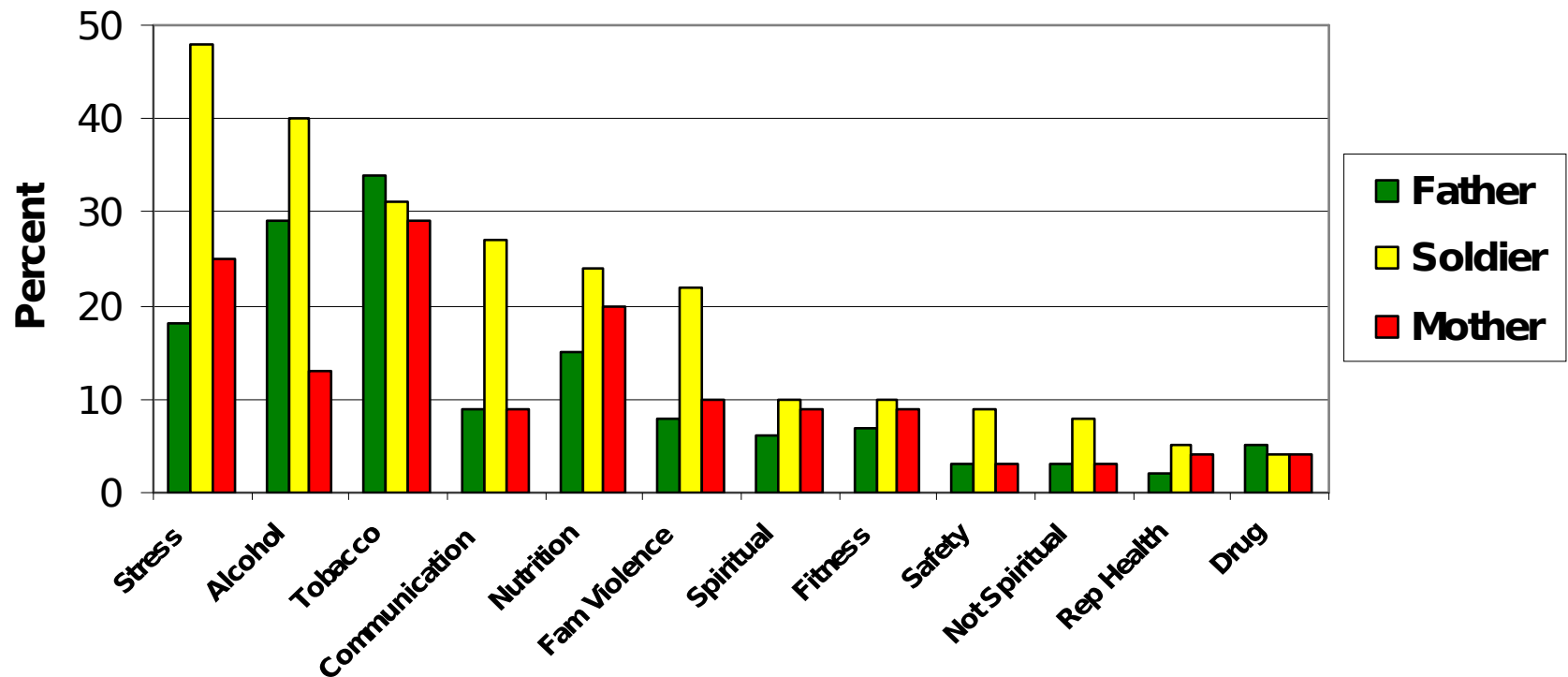
Program Outcomes

DivArty Attrition Rate BSRF





Family Health Risk Appraisal (n=740)





Top 5 Health Risks

- Stress
- Alcohol
- Smoking
- Nutrition
- Communication



Gender Differences in Reported Stress

STRESS

		No	Yes
Gender	Male	340 53%	302 47%
	Female	124 38%	201 62%

(Chi-Square= P<0.000)



What Was Associated With Stress?

Demographics

Father Health Risks

Mothers Health Risks

Clients Health Risks

STRESS



Family Factors Associated With Stress

Clients that report.....

- their fathers were stressed were 2.8 times more likely to experience stress
- their mothers were stressed were 1.7 times more likely to experience stress

($p < 0.01$)



The Data Suggests That Clients Who Report....

- experience(s) with family violence are almost 5 times more likely to experience stress than those who have not experienced family violence
- non-spirituality are 3.3 times more likely to experience stress
- inadequate communication skills are 3.1 times more likely to experience stress



However

...

Having a SPIRITUAL
MOTHER decreased
the odds of reporting
stress by 53 %



Community Health Nursing: BSRF Studies

- DivArty 2000 Survey Study Complete
- Prospective Study Underway

A Comparison of Historic Anonymous Well-being Survey Responses Between

Soldiers Who Have
and Soldiers Who Have Not
Attended “Building Strong
and Ready Families
Program”



Design Options



**Retrospective: gives
Associations**

Major Problem Areas:

Selection Bias

Non-normal Distribution



Retrospective Study Analysis

- BSRF Descriptive Analysis
- Association of BSRF program with:
 - Mental Well-being
- Other Relevant Analysis



Respondent Demographics*

- 95% male soldiers
- 61% married
- 43% White, 22% African American, 16% Hispanic
- 92% enlisted
- 58% have lived in Oahu at least one year
- 57% have been assigned to DivArty at least one year

* all survey data analysis in this briefing reflects the results of SPSS analysis of 675 complete survey responses



BSRF and Care Utilization

- BSRF attendees are 9 times more likely to have visited the ER or Acute Care in the past year ($p=.003$)
- BSRF attendees are 14 times more likely to be taking a prescription medication ($p=.003$)



BSRF and Improved Health

- BSRF attendees report using skills to improve on something in their life
 - Level 1: 65%
 - Level 2: 77%
 - Level 3: 76%



BSRF and Improved Life

68% say they have used skills from BSRF to

improve their relationship with their

spouse 63% say they have used skills from BSRF to

improve their life

49% say they have used skills from BSRF to

improve their relationships at
work



BSRF and Improved Life

BSRF and Reported Decrease in Family Stress

- Level 1: 33%
- Level 2: 28%
- Level 3: 43%

BSRF and Reported Decrease in Work Stress

- Level 1: 15%
- Level 2: 18%
- Level 3: 29%



BSRF and Improved Mental Health

BSRF and Reported Improved Mental Health

- Level 1: 21%
- Level 2: 39%
- Level 3: 35%

* Participants who attend at least two Levels of BSRF are 4.7 times more likely to report improved mental health than those who attended just one BSRF level ($p=.03$)



Worship and Health

- Respondents: 56% do not attend worship, 15% attend infrequently, 19% attend off-post, 10% attend on post
- Personnel who attended BSRF were 21 times more likely to seek assistance from a chaplain this year ($p < .001$)
- BSRF and Reported Improved Spiritual Health
 - Level 1: 24%
 - Level 2: 23%



SF-12 Mental Health Scores and Participation in BSRF



BSRF and SF-12 Mental Health Scores

There is a statistically significant difference for the better in the SF-12 mental health scores of those who did participate in BSRF compared to those who did not. ($p=.08$)



Other Significant Findings



Alcohol

- Survey respondents who reported driving after drinking too much in the past month

- Overall: 11.3% (76 people)
- 3-4 times: 1.9% (13 people)
- 5-6 times: 1.9% (13 people)
- 7 or more times: 1.6% (11 people)

- Survey respondents who reported a need to cut down drinking in the past month

- 14.1% (95 people)



BSRF and Alcohol Abuse

Those who attended BSRF
were 7.1 times more likely to
report driving this past
month after drinking too
much ($p=.005$)



BSRF and Alcohol Abuse Reduction

BSRF and Reported Decrease in Inappropriate Alcohol Use

- Level 1: 5%
 - Level 2: 8%
 - Level 3: 12%
-
- Note: People who attended BSRF were 2.6 times more likely to think they should reduce their alcohol use ($p=.068$)



Impact Study Update

Impact of the Building
Strong and Ready
Families Program on
Quality of Life,
Reenlistment, Soldier &
Family Readiness and
Health Care Utilization



What is Being Measured?

Quality of Life
(Health, Spiritual,
Family, Social)

Health Risks

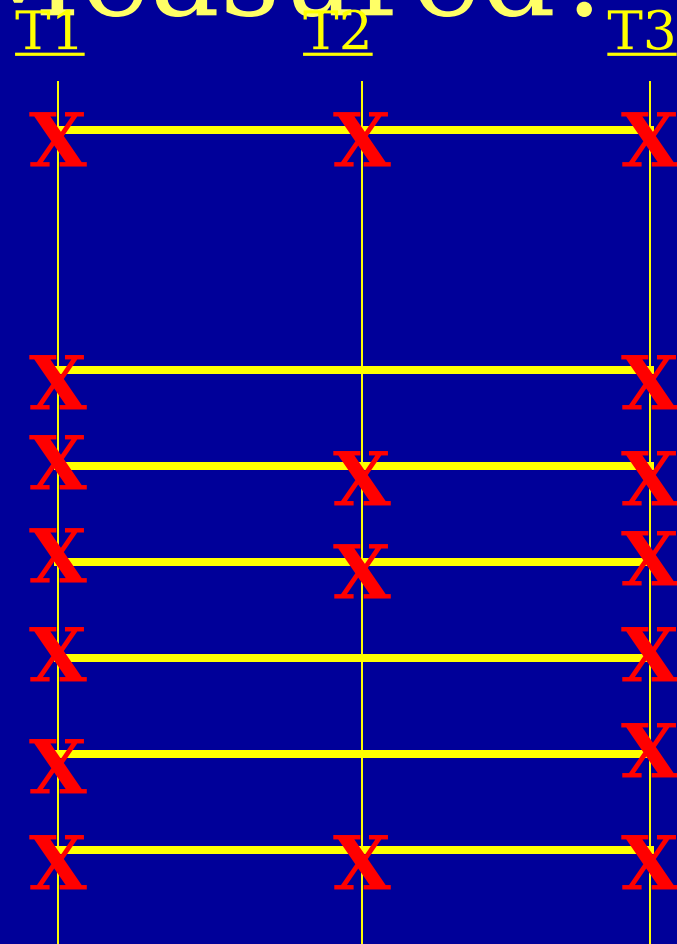
Stage of Readiness to
Change

Stress

Acute/ER visits

Marriage Counseling

Intent Reenlistment





BSRF Impact Study: Progress

- Data Collection began in October 2000
- Data collected from
 - BSRF participants (soldiers and spouses)
 - Data collected at Level 1, Level 2, Level 3 & 6 months after program attendance.
 - Control group (have not attended BSRF in past 12 months)
 - Data collected 3 times, Time 1, 4-6 weeks after T1, 6 months after T1
- Two complete BSRF Programs done, One in process of collection, One more planned
- 6 month follow-up data collection will begin in April 2001
- One cycle of data collection for control group complete
- One cycle of data collection for control group in process

Building Strong & Ready Community Vision

Single Soldiers Group

Commander

Spouses Group

Senior Enlisted

Fitness Center

Community Services

Nutrition

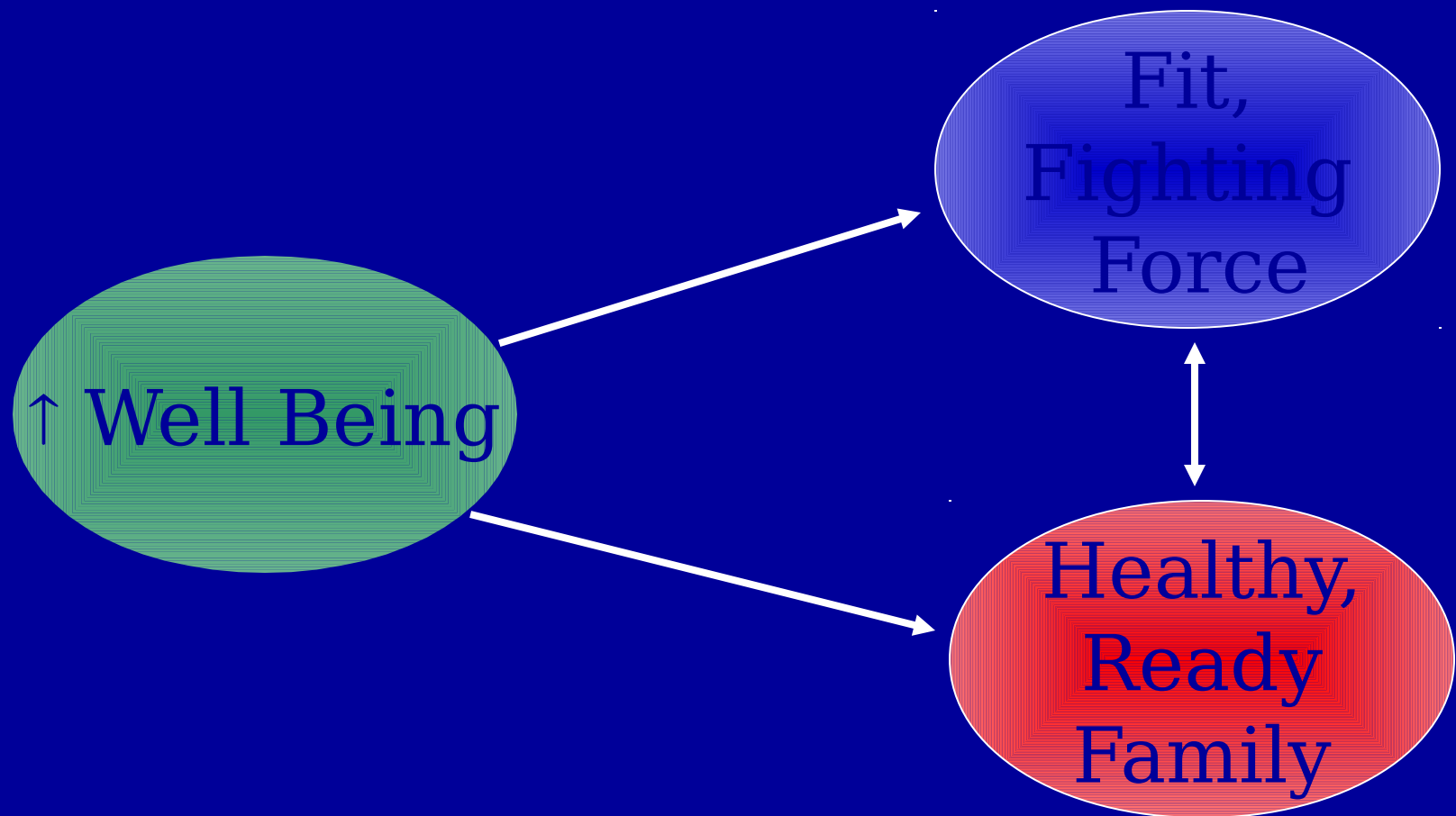
Troop Physician Chaplain EO Counselor





Bottom Line

Health Opportunity



Case Study - High Risk Family

